Award Winners

Undergraduate category

Name: Jacob Yuriy, Max Rady College of Medicine, University of Manitoba

Title: Access to Healthcare and Wellness in Rural Saskatchewan

Abstract:
The Canadian public healthcare principle of accessibility also implies that health services will be geographically accessible (Rosenberg & James, 1994). In 1993, the Saskatchewan government halted funding for acute care services to 52 of the province's smallest hospitals and significantly changed geographical accessibility to acute care in rural Saskatchewan during health reforms known as Wellness (Loadman, 2010). These hospitals were central community institutions that had come to define rural residents' understanding of healthcare and how it was accessed (James, 1999). Many affected communities had well-founded anxieties regarding access to services, especially for the most vulnerable residents (James, 1999). In 2019, interviews were conducted across Saskatchewan as a component of undergraduate research to investigate the long-term community responses to these changes in rural health services. These interviews revealed how rural residents understood the roles of their small rural hospitals, the ramifications of the implementations of Wellness, and modern policies which improve rural access to health services. The lessons from Wellness can be applied to modern changes to rural healthcare access across Canada.

Master's category

Name: Kelly Thai, MPH student in Epidemiology, Dalla Lana School of Public Health, University of Toronto

Title: The Pursuit of Equity - Enabling Artificial Intelligence to Inform Public Health

Abstract:
The rate of technological advances requires the health care system to be reflexive and agile to protect the safety of Canadians. Artificial intelligence (AI) is a rapidly growing field that has been applied in many medical fields such as genetics, medical diagnostics, and drug discoveries. Leveraging AI techniques within public health also presents many exciting opportunities to impact the health of Canadians. Unlike the domain of clinical medicine whereby some existing policies and regulations protect the safety and privacy of individuals, AI has the potential to increase health inequities and jeopardize populations without the implementation of a governing body and framework for public health. Canadians are rightly concerned over the collection, use, and disclosure of their information as surveillance is being monetized by private companies. The threats to privacy become more alarming as the accessibility of datasets becomes more widely available through open government initiatives and the linking of datasets across sectors. The nature of AI requires training on datasets that may not be representative of marginalized populations to be used on a large scale. Populations that experience health inequities and that are underrepresented may experience further inequities. The Canada Health Act requires health services to be provided on uniform terms and conditions. To do so, national standards and governing frameworks are needed to ensure that the development and use of AI are equitable and ethical.

Doctoral category

Name: **Kate McLeod, PhD student, School of Population and Public Health, University of British Columbia**

Title: **Healthcare Services in Canada's Prisons: the need for integration and alternative models of governance**

Abstract:
The Canada Health Act explicitly excludes people incarcerated in federal correctional facilities but makes no distinction between people incarcerated in a provincial/territorial facility and people in the community. Despite this, most provinces and territories in Canada have developed a second, separate healthcare system under the ministry of corrections which is responsible for the delivery of healthcare services in prisons. There are systemic inequalities in healthcare services delivered to people held in correctional facilities in Canada. These disparities contribute to inequities in health for individuals, families and communities. They are also a detriment to our public healthcare system which must spend greater resources when people are released due to interruptions in care and missed opportunities for prevention and early intervention. This essay will discuss how current policies create structural and systemic barriers to providing healthcare in prisons which meets the needs of people who are incarcerated or the standards of our universal healthcare system. It will also present arguments for an alternative model of governance which moves responsibility and accountability for healthcare services in correctional facilities under the ministry of health. This change has been made by several jurisdictions world-wide including Nova Scotia, Alberta and British Columbia. Though evidence about the impact of this policy change is limited, what is available suggests that this alternative model is an opportunity to integrate healthcare services in prisons with community health services which benefits patients, care providers and the healthcare system.